

FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

24864

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3580

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Queen of World			Length of stay in lb 42yrs		316 STREET ADDRESS 2607 Montgall		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last DORA THOMPKINS				4. DATE OF DEATH Month Day Year 7- 28-57			
5. SEX female 3		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-17-1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and state or country) Hartville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Daniel				14. MOTHER'S MAIDEN NAME Hattie Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Lance Thompkins		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIO-VAS. DISEASE						INTERVAL BETWEEN ONSET AND DEATH 11/15/57-7/28/57	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-18-57 to 7/28/57 and last saw her alive on 7/28/57 Death occurred at 12:45 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. M. Walden M.D.				22b. ADDRESS 2204A E 31st St		22c. DATE SIGNED 7/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-1-57		23c. NAME OF CEMETERY OR CREMATORY Thompkins		23d. LOCATION (City, town, or county) (State) Hartville, Mo.	
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home			ADDRESS 8th Barton		25. DATE RECD. BY LOCAL REG. 7-30-57		26. REGISTRAR'S SIGNATURE Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bruce G. Watkins*

Licensed Embalmer No. *1*

P. O. Address..... *For R*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.